

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 30, 2005 08:00 AM

Secretary of State

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DOCUMENT ID: 83000001143

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1. Entity Name  
CLEARLAKE VENTURE, INC.

Principal Place of Business  
1381-91 CLEARLAKE RD.  
COCOA, FL 32922

Mailing Address  
3815 SUNWARD DR.  
MERRITT ISLAND, FL 32953



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3161347

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DERMER, NORMAN  
3815 SUNWARD DR.  
MERRITT ISLAND, FL 32953

DO NOT WRITE  
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE PT  
NAME DERMER, NORMAN  
STREET ADDRESS 3815 SUNWARD DR.  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE VPS  
NAME DERMER, BERNICE  
STREET ADDRESS 3815 SUNWARD DR.  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #